

United States Bankruptcy Court for the:

Southern District of New York

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Med Bar, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 85-1028835

4. Debtor's address

Principal place of business

40 Wall Street

Number Street

Suite 2934

New York NY 10005

City State ZIP Code

New York County

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) https://www.medbar.com/contact-us

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

Debtor Med Bar, LLC  
Name  
Case number (if known)

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.

6215

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ A plan is being filed with this petition.

☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.

☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor Floss Bar, Inc. Relationship Parent

District Bankruptcy Court Southern District Nev When \_\_\_\_\_  
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known \_\_\_\_\_

Debtor Med Bar, LLC Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in *this* district?**

*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

*Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

Debtor Med Bar, LLC Case number (if known) \_\_\_\_\_  
Name

16. Estimated liabilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/14/2022  
MM / DD / YYYY

**X** /s/ Ewa Sadej

Signature of authorized representative of debtor

Ewa Sadej

Printed name

Title CEO

18. Signature of attorney

**X** /s/ Vincent Roldan

Signature of attorney for debtor

Date 12/14/2022

MM / DD / YYYY

Vincent Roldan

Printed name

Mandelbaum Barrett PC

Firm name

3 Becker Farm Road

Number Street

Roseland

City

NJ

State

07068

ZIP Code

973-974-9815

Contact phone

vroldan@mblawfirm.com

Email address

2935302

Bar number

NY

State

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

|   | Name of creditor and complete mailing address, including zip code  | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim   |   |                 |
|---|--|---|---|--|---|---|-----------------|
|   |  |   |   |  | If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|   |  |   |   |  | Total claim, if partially secured   | Deduction for value of collateral or setoff | Unsecured claim |
| 1 | Green Point RX Inc.<br>c/o Archer & Greiner PC<br>1211 Avenue of the Americas Ste 2750<br>New York, NY, 10036  | Patrick Papalia Esq.<br>201-342-6000<br>ppalia@archerlaw.com  |   | Disputed<br>Unliquidated<br>Contingent                     |   |   | 286,519.50      |
| 2 | Talis Biomedical<br>230 Constitution Dr.<br>Menlo Park, CA, 94025  |   |   | Disputed   |   |   | 260,211.67      |
| 3 | Now Staffing, Inc.<br>742 Washington St.<br>Ofc B<br>Braintree, MA, 02184                                      |   |   |  |   |   | 166,929.60      |
| 4 | Nerfherder Distribution, LLC<br>3809 S 2d Street<br>Suite B300<br>Austin, TX, 78704                            | ah@nhdlc.com  |   |  |   |   | 129,809.00      |
| 5 | Dr Chrono<br>328 Gibraltar Dr<br>Sunnyvale, CA, 94089  |   |   | Disputed   |   |   | 129,753.40      |
| 6 | Aveanna Healthcare<br>c/o Freeman Mathis & Gary, LLP<br>100 Galleria Parkway, Suite 1600<br>Atlanta, GA, 30339 | Brian Goldberg<br>brian.goldberg@fmglaw.com                   |   |  |   |   | 69,187.00       |
| 7 | Atlas Staffing Services LLC<br>355 Garfield Rd<br><br>Concord, MA, 01742                                       | atlasstaffingservices@gmail.com                               |   |  |   |   | 35,000.25       |
| 8 | Phosphorus Inc.<br>PO Box 4668<br>PMB29926<br>New York, NY, 10163  |   |   |  |   |   | 31,968.40       |

Debtor Med Bar, LLC  
Name

Case number (if known) \_\_\_\_\_

|    | Name of creditor and complete mailing address, including zip code                       | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|----|---|---|---|--|--|---|-----------------|
|    |   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 9  | Dykema Gossett PLLC<br>400 Renaissance Center<br>Detroit, MI, 48243                     |   |   |  |  |   | 18,427.00       |
| 10 | Victoria Health Care<br>84 Pleasant Street<br>Unit 275<br>Weymouth, MA, 02190           | Sam@victoriahealth.net  |   |  |  |   | 15,000.00       |
| 11 | Redwhale<br>617 Bunker Lane<br><br>Mason, OH, 45040                                     | brandon@redwhale.com<br>bd                                    |   |  |  |   | 14,887.50       |
| 12 | Hubspot Inc.<br>c/o McCarthy Burgess & Wolff<br>26000 Cannon Road<br>Bedford, OH, 44146 |   |   |  |  |   | 11,890.49       |
| 13 | Wren Laboratories<br>688 East Main Street<br>Branford, CT, 06405                        |   |   |  |  |   | 10,400.00       |
| 14 | Judge Technical Staffing<br>PO Box 820120<br>Philadelphia, PA, 19182                    | invoicing@judge.com   |   |  |  |   | 10,234.65       |
| 15 | AYTU Bioscience Inc.<br>373 Inverness Parkway<br>Suite 206<br>Aurora, CO, 80012         |   |   |  |  |   | 10,000.00       |
| 16 | The Bayne Law Group LLC<br>116 Village Boulevard<br>Suite 235<br>Chester, NH, 03036     |   |   |  |  |   | 8,832.00        |
| 17 | Michael Perry MD, PA<br>17115 Journeys End Drive<br>Odessa, FL, 33556                   | drperrylsi@yahoo.com  |   |  |  |   | 8,125.50        |
| 18 | United Glass Services<br>13699 SC Hwy 34<br>Newberry, SC, 29108                         |   |   |  |  |   | 7,250.00        |
| 19 | Informal<br>4 St Francis Place<br>Apt 1<br>Brooklyn, NY, 11216                          |   |   |  |  |   | 4,125.00        |
| 20 | JotForm Inc.<br>4 Embarcadero Center<br>Suite 780<br>San Francisco, CA, 94111           |   |   |  |  |   | 3,580.90        |

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC  
United States Bankruptcy Court for the: Southern District of New York  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 2,006,116.54

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 2,006,116.54

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 431,909.84

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+\$ 1,301,158.00

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 1,733,067.84

## Fill in this information to identify the case:

Debtor name Med Bar, LLCUnited States Bankruptcy Court for the: Southern District of New York

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

## 2. Cash on hand

\$ 0.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number |             |
|--|-----------------|---------------------------------|-------------|
| 3.1. 1st Source Bank                         | Checking        | _____                           | \$ 1,300.00 |
| 3.2. _____                                   | _____           | _____                           | \$ _____    |

## 4. Other cash equivalents (Identify all)

|            |          |
|------------|----------|
| 4.1. _____ | \$ _____ |
| 4.2. _____ | \$ _____ |

## 5. Total of Part 1

\$ 1,300.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

## Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

| Description, including name of holder of deposit |          |
|--|----------|
| 7.1. _____                                       | \$ _____ |
| 7.2. _____                                       | \$ _____ |



Debtor

Med Bar, LLC  
Name

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Case number (if known) \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 47,850.00 - 0.00 = ..... → \$ 47,850.00  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 1,576,036.54 - 0.00 = ..... → \$ 1,576,036.54  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,623,886.54**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

| General description                                 | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|-------------------------------------|---|---|------------------------------------|
| 19. Raw materials                                   |                                     |   |   |                                    |
|   | MM / DD / YYYY                      | \$  |   | \$                                 |
| 20. Work in progress                                |                                     |   |   |                                    |
|   | MM / DD / YYYY                      | \$  |   | \$                                 |
| 21. Finished goods, including goods held for resale |                                     |   |   |                                    |
|   | MM / DD / YYYY                      | \$  |   | \$                                 |
| 22. Other inventory or supplies                     |                                     |   |   |                                    |
|   | MM / DD / YYYY                      | \$  |   | \$                                 |
| 23. Total of Part 5                                 |                                     |   |   | \$                                 |
| Add lines 19 through 22. Copy the total to line 84. |                                     |   |   |                                    |

24. Is any of the property listed in Part 5 perishable?

- ☐ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

| General description   | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 28. Crops—either planted or harvested                                       |   |   |                                    |
|   | \$  |   | \$                                 |
| 29. Farm animals Examples: Livestock, poultry, farm-raised fish             |   |   |                                    |
|   | \$  |   | \$                                 |
| 30. Farm machinery and equipment (Other than titled motor vehicles)         |   |   |                                    |
|   | \$  |   | \$                                 |
| 31. Farm and fishing supplies, chemicals, and feed                          |   |   |                                    |
|   | \$  |   | \$                                 |
| 32. Other farming and fishing-related property not already listed in Part 6 |   |   |                                    |
|   | \$  |   | \$                                 |

Debtor

Med Bar, LLC

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Case number (if known)

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

| General description  | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. <b>Office furniture</b>  | \$ _____   | _____                                   | \$ _____                           |
| 40. <b>Office fixtures</b>   | \$ _____   | _____                                   | \$ _____                           |
| 41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b><br>Misc office equipment and supplies: computer equipment, 40+ cases of protective equipment (gloves, M95 masks, gowns etc.)                | \$ _____   | _____                                   | \$ Unknown                         |
| 42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles |  |   |                                    |
| 42.1 _____   | \$ _____   | _____                                   | \$ _____                           |
| 42.2 _____   | \$ _____   | _____                                   | \$ _____                           |
| 42.3 _____   | \$ _____   | _____                                   | \$ _____                           |

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Med Bar, LLC

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Case number (if known)

Name

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

|            |          |       |          |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

|            |          |       |          |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

**49. Aircraft and accessories**

|            |          |       |          |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

|          |       |          |
|----------|-------|----------|
| \$ _____ | _____ | \$ _____ |
|----------|-------|----------|

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

|          |
|----------|
| \$ _____ |
|----------|

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Debtor

Med Bar, LLC

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Case number (if known)

Name

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property<br>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|--|---|------------------------------------|
| 55.1   |  | \$ _____   | _____                                   | \$ _____                           |
| 55.2   |  | \$ _____   | _____                                   | \$ _____                           |
| 55.3   |  | \$ _____   | _____                                   | \$ _____                           |
| <b>56. Total of Part 9.</b><br>Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.   |  |  |   | \$ _____                           |
| <b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b>  |  |  |   |                                    |
| <input type="checkbox"/> No  |  |  |   |                                    |
| <input type="checkbox"/> Yes   |  |  |   |                                    |
| <b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b>   |  |  |   |                                    |
| <input type="checkbox"/> No  |  |  |   |                                    |
| <input type="checkbox"/> Yes   |  |  |   |                                    |

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

| General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| <b>60. Patents, copyrights, trademarks, and trade secrets</b>                       |  |   |                                    |
| _____   | \$ _____   | _____                                   | \$ _____                           |
| <b>61. Internet domain names and websites</b>                                       |  |   |                                    |
| medbar.com  | \$ _____   | _____                                   | Unknown                            |
| <b>62. Licenses, franchises, and royalties</b>                                      |  |   |                                    |
| Covid testing license   | \$ _____   | _____                                   | 0.00                               |
| <b>63. Customer lists, mailing lists, or other compilations</b>                     |  |   |                                    |
| Customer lists  | \$ _____   | _____                                   | Unknown                            |
| <b>64. Other intangibles, or intellectual property</b>                              |  |   |                                    |
| Medbar mark and Covid 360 mark U.S. Appl serial no. 97269261 an                     | \$ _____   | _____                                   | Unknown                            |
| <b>65. Goodwill</b>   |  |   |                                    |
| Goodwill  | \$ _____   | _____                                   | Unknown                            |
| <b>66. Total of Part 10.</b><br>Add lines 60 through 65. Copy the total to line 89. |  |   | \$ 0.00                            |

Debtor

Med Bar, LLC

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Case number (if known)

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

|       |                |          |
|-------|----------------|----------|
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Counterclaim against Green Point RX \$ 380,930.00

**Nature of claim** Breach of contract etc.

**Amount requested** \$ 380,930.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_

**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

|               |
|---------------|
| \$ 380,930.00 |
|---------------|

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor

Med Bar, LLC

Name

Case number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property  | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>                    | \$ 1,300.00                        |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | \$ 0.00                            |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | \$ 1,623,886.54                    |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | \$ 0.00                            |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | \$ 0.00                            |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | \$ 0.00                            |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | \$ 0.00                            |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | \$ 0.00                            |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> . . . . . →                                      |                                    | \$ 0.00                        |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | \$ 0.00                            |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | + \$ 380,930.00                    |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column. . . . . 91a.                                 | \$ 2,006,116.54                    | + 91b. \$ 0.00                 |
| 92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. . . . . 2,006,116.54            |                                    | \$ 2,006,116.54                |

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

|  |   | Column A<br>Amount of claim<br>Do not deduct the value of collateral.  | Column B<br>Value of collateral that supports this claim |                 |
|--|---|--|--|-----------------|
| <b>2.1</b>   | <b>Creditor's name</b><br>Fora Financial Advance LLC<br><br><b>Creditor's mailing address</b><br>519 Eighth Avenue, 11th Floor<br>New York, NY 10018<br><br><b>Creditor's email address, if known</b><br><br><br><b>Date debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____<br><b>Do multiple creditors have an interest in the same property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor,<br><div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div>   | <b>Describe debtor's property that is subject to a lien</b><br>Accounts Receivable<br><br><br><b>Describe the lien</b><br>Agreement you made<br><br><b>Is the creditor an insider or related party?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Is anyone else liable on this claim?</b><br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).<br><b>As of the petition filing date, the claim is:</b><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed         | \$ 431,909.84  | \$ 1,623,886.54 |
| <b>2.2</b>   | <b>Creditor's name</b><br><br><b>Creditor's mailing address</b><br><br><br><b>Creditor's email address, if known</b><br><br><br><b>Date debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____<br><b>Do multiple creditors have an interest in the same property?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Have you already specified the relative priority?<br><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.<br><div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | <b>Describe debtor's property that is subject to a lien</b><br><div style="border: 1px solid black; height: 100px; width: 300px; margin-top: 5px;"></div><br><b>Describe the lien</b><br><br><b>Is the creditor an insider or related party?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Is anyone else liable on this claim?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).<br><b>As of the petition filing date, the claim is:</b><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ _____   | \$ _____        |
| <b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b> |   | \$ 431,909.84  |  |                 |



Case number (if known)\_

[illegible]

**Fill in this information to identify the case:**

Debtor Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Abdelkhalek, Ahmed  
10285 Sleepy Brook Way  
Boca Raton, FL, 33428

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

Priority amount

**2.2 Priority creditor's name and mailing address**

Abuanzeh, Omar  
5 Colwell Ave #7  
Lowell, MA, 01852

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

**2.3 Priority creditor's name and mailing address**

Alzyod, Yousef  
35 Imrie St  
Randolph, MA, 02368

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

Delaware Division of Revenue  
Carvel State Office Building  
820 N. French Street 8th Floor  
Wilmington, DE, 19801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address

Internal Revenue Service  
Dept of Treasury PO Box 7346  
Bryn Mawr, PA, 19010

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.6 Priority creditor's name and mailing address

Lefebvre, Todd  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ 0.00

\$

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.7 Priority creditor's name and mailing address

Lefebvre, Margaret  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

Lefebvre, Ireland  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$0.00

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account  
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.9 Priority creditor's name and mailing address

NYS Department of Taxation and Finance  
Bankruptcy Section PO Box 5300

Albany, NY, 12205

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account  
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

- ☒ No  
☐ Yes

2.10 Priority creditor's name and mailing address

New York City Dept of Finance  
1 Center Street  
New York, NY, 10007

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account  
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

- ☒ No  
☐ Yes

2.11 Priority creditor's name and mailing address

New York State Dept of Taxation and Finance  
PO Box 15172  
Albany, NY, 12212

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account  
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

- ☒ No  
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>12</sup> Priority creditor's name and mailing address

\$0.00

\$

Omar, Atef  
81 Rockaway Ave #24  
Weymouth, MA, 02188

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>13</sup> Priority creditor's name and mailing address

\$Unknown

\$

Sadej, Aleksandra  
15 Bridge Park Drive  
14G  
Brooklyn, NY, 11201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>14</sup> Priority creditor's name and mailing address

\$Unknown

\$

Sadej, Ewa  
2 Gold Street  
16F  
New York, NY, 10038

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>15</sup> Priority creditor's name and mailing address

\$Unknown

\$

Yair, Ronen  
20 Beech Terrace  
Millburn, NJ, 07041

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|            |  | Amount of claim   |
|------------|--|---|
| <b>3.1</b> | <b>Nonpriority creditor's name and mailing address</b><br>Atlas Staffing Services LLC<br>355 Garfield Rd<br><br>Concord, MA, 01742<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____                                       | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>35,000.25</u> |
| <b>3.2</b> | <b>Nonpriority creditor's name and mailing address</b><br>Aveanna Healthcare<br>c/o Freeman Mathis & Gary, LLP<br>100 Galleria Parkway, Suite 1600<br>Atlanta, GA, 30339<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____ | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>69,187.00</u> |
| <b>3.3</b> | <b>Nonpriority creditor's name and mailing address</b><br>AYTU Bioscience Inc.<br>373 Inverness Parkway<br>Suite 206<br>Aurora, CO, 80012<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____                                | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>10,000.00</u> |
| <b>3.4</b> | <b>Nonpriority creditor's name and mailing address</b><br>Bay Rock Self Storage<br>985 Montague Expressway<br>Milpitas, CA, 95035<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>555.00</u>    |
| <b>3.5</b> | <b>Nonpriority creditor's name and mailing address</b><br>Colorado VNA LLC<br>8289 East Lowry Blvd<br>Denver, CO, 80230<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>1,029.00</u>  |
| <b>3.6</b> | <b>Nonpriority creditor's name and mailing address</b><br>Conta Mundum LLC<br>2361 Pleasant Hill Road<br>Kissimmee, FL, 34746<br><br><b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br>\$ <u>3,281.67</u>  |

**Part 2: Additional Page**

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Amount of claim

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|------------------|---|---|---------------|
| 3. <sup>7</sup>  | Nonpriority creditor's name and mailing address<br>Downtown Pharmacy Inc.<br>165 William Street<br>New York, NY, 10038                              | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 2,050.00   |
|                  | Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | Basis for the claim:<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>8</sup>  | Nonpriority creditor's name and mailing address<br>Dr Chrono<br>328 Gibraltar Dr<br>Sunnyvale, CA, 94089  | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed | \$ 129,753.40 |
|                  | Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | Basis for the claim:<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>9</sup>  | Nonpriority creditor's name and mailing address<br>Dykema Gossett PLLC<br>400 Renaissance Center<br>Detroit, MI, 48243                              | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 18,427.00  |
|                  | Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | Basis for the claim:<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>10</sup> | Nonpriority creditor's name and mailing address<br>eLab Quick LLC<br>DBA Quick Health Labs<br>6926 N University Street Suite F<br>Peoria, IL, 61614 | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 1,598.24   |
|                  | Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | Basis for the claim:<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>11</sup> | Nonpriority creditor's name and mailing address<br>Extra Space Storage<br>2027 83d Street<br>North Bergen, NJ, 07047                                | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ Unknown    |
|                  | Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | Basis for the claim:<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |

**Part 2: Additional Page**

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Amount of claim

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|------------------|---|--|---------------|
| 3. <sup>12</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Goodhire<br>303 Twin Dolphin Dr<br>Suite 600<br>Redwood City, CA, 94065                                       | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                  | \$ 445.84     |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>13</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Green Point RX Inc.<br>c/o Archer & Greiner PC<br>1211 Avenue of the Americas Ste 2750<br>New York, NY, 10036 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed | \$ 286,519.50 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>14</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Hireku Inc. dba JazzHR<br>1501 Reedsdale Street<br>Suite 403<br>Pittsburgh, PA, 15233                         | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                  | \$ 359.00     |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>15</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Hubspot Inc.<br>c/o McCarthy Burgess & Wolff<br>26000 Cannon Road<br>Bedford, OH, 44146                       | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                  | \$ 11,890.49  |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>16</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Hyatt Pharmacy<br>PO Box 13337<br>Milwaukee, WI, 53213  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                  | \$ 3,152.00   |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |



**Part 2: Additional Page**

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Amount of claim

|   |  |                     |
|---|--|---------------------|
| <p>3. <sup>17</sup> Nonpriority creditor's name and mailing address</p> <p>IDS Autoshred<br/>1358 Hooper Ave #600<br/>Toms River, NJ, 08753</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                 | <p>As of the petition filing date, the claim is:<br/><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>            | <p>\$ 119.76</p>    |
| <p>3. <sup>18</sup> Nonpriority creditor's name and mailing address</p> <p>Informal<br/>4 St Francis Place<br/>Apt 1<br/>Brooklyn, NY, 11216</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                | <p>As of the petition filing date, the claim is:<br/><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>            | <p>\$ 4,125.00</p>  |
| <p>3. <sup>19</sup> Nonpriority creditor's name and mailing address</p> <p>IStorage<br/>145 North Beacon Street<br/>Brighton, MA, 02135</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                     | <p>As of the petition filing date, the claim is:<br/><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent<br/><input checked="" type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> | <p>\$ Unknown</p>   |
| <p>3. <sup>20</sup> Nonpriority creditor's name and mailing address</p> <p>JotForm Inc.<br/>4 Embarcadero Center<br/>Suite 780<br/>San Francisco, CA, 94111</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is:<br/><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>            | <p>\$ 3,580.90</p>  |
| <p>3. <sup>21</sup> Nonpriority creditor's name and mailing address</p> <p>Judge Technical Staffing<br/>PO Box 820120<br/>Philadelphia, PA, 19182</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>           | <p>As of the petition filing date, the claim is:<br/><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>            | <p>\$ 10,234.65</p> |

**Part 2: Additional Page**

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Amount of claim

|                  |   |   |               |
|------------------|---|---|---------------|
| 3. <sup>22</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Mandelbaum Barrett<br>3 Becker Farm Road<br>Suite 105<br>Roseland, NJ, 07068        | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 9,554.00   |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>23</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Michael Perry MD, PA<br>17115 Journeys End Drive<br>Odessa, FL, 33556               | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 8,125.50   |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>24</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Microsoft Corp.<br>One Microsoft Way<br>Redmond, WA                                 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 44.00      |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>25</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Nerfherder Distribution, LLC<br>3809 S 2d Street<br>Suite B300<br>Austin, TX, 78704 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 129,809.00 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |
| 3. <sup>26</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Now Staffing, Inc.<br>742 Washington St.<br>Ofc B<br>Braintree, MA, 02184           | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 166,929.60 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |               |

**Part 2: Additional Page**

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Amount of claim

|                  |   |   |              |
|------------------|---|---|--------------|
| 3. <sup>27</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Phosphorus Inc.<br>PO Box 4668<br>PMB29926<br>New York, NY, 10163 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 31,968.40 |
|                  | <b>Basis for the claim:</b>   |   |              |
|                  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |   |              |
|                  | <b>Date or dates debt was incurred</b> _____  |   |              |
|                  | <b>Last 4 digits of account number</b> _____  |   |              |
| 3. <sup>28</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Redwhale<br>617 Bunker Lane<br><br>Mason, OH, 45040               | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 14,887.50 |
|                  | <b>Basis for the claim:</b>   |   |              |
|                  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |   |              |
|                  | <b>Date or dates debt was incurred</b> _____  |   |              |
|                  | <b>Last 4 digits of account number</b> _____  |   |              |
| 3. <sup>29</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Sadej, Ewa<br>2 Gold Street<br>16F<br>New York, NY, 10038         | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 43,188.67 |
|                  | <b>Basis for the claim:</b>   |   |              |
|                  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |   |              |
|                  | <b>Date or dates debt was incurred</b> _____  |   |              |
|                  | <b>Last 4 digits of account number</b> _____  |   |              |
| 3. <sup>30</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Schein, Henry<br>135 Duryea Road<br>Melville, NY, 11747           | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 1,500.00  |
|                  | <b>Basis for the claim:</b>   |   |              |
|                  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |   |              |
|                  | <b>Date or dates debt was incurred</b> _____  |   |              |
|                  | <b>Last 4 digits of account number</b> _____  |   |              |
| 3. <sup>31</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Sharps Compliance<br>PO Box 679502<br>Dallas, TX, 75267-9502      | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 828.64    |
|                  | <b>Basis for the claim:</b>   |   |              |
|                  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |   |              |
|                  | <b>Date or dates debt was incurred</b> _____  |   |              |
|                  | <b>Last 4 digits of account number</b> _____  |   |              |

**Part 2: Additional Page**

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Amount of claim

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|------------------|---|--|---------------|
| 3. <sup>32</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Stamps.com<br>1990 East Grand Avenue<br>El Segundo, CA, 90245                       | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 97.95      |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>33</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Talis Biomedical<br>230 Constitution Dr.<br>Menlo Park, CA, 94025                   | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed | \$ 260,211.67 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>34</sup> | <b>Nonpriority creditor's name and mailing address</b><br>The Bayne Law Group LLC<br>116 Village Boulevard<br>Suite 235<br>Chester, NH, 03036 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 8,832.00   |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>35</sup> | <b>Nonpriority creditor's name and mailing address</b><br>United Glass Services<br>13699 SC Hwy 34<br>Newberry, SC, 29108                     | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 7,250.00   |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |
| 3. <sup>36</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Verizon<br>One Verizon Way<br>Mail Code 180WVB<br>Basking Ridge, NJ, 07920          | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed            | \$ 763.21     |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |               |

**Part 2: Additional Page**

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Amount of claim

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|------------------|---|---|--------------|
| 3. <sup>37</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Victoria Health Care<br>84 Pleasant Street<br>Unit 275<br>Weymouth, MA, 02190 | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 15,000.00 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |              |
| 3. <sup>38</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Wren Laboratories<br>688 East Main Street<br>Branford, CT, 06405              | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 10,400.00 |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |              |
| 3. <sup>39</sup> | <b>Nonpriority creditor's name and mailing address</b><br>Zendesk Inc.<br>989 Market St.<br>San Francisco, CA, 94103                    | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 175.00    |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |              |
| 3. <sup>40</sup> | <b>Nonpriority creditor's name and mailing address</b><br>ZixCorp Systems, Inc.<br>Dept 41359<br>PO Box 650823<br>Dallas, TX, 75265     | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ 284.16    |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |              |
| 3. _____         | <b>Nonpriority creditor's name and mailing address</b>  | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$ _____     |
|                  | <b>Date or dates debt was incurred</b> _____<br><b>Last 4 digits of account number</b> _____  | <b>Basis for the claim:</b><br><br><b>Is the claim subject to offset?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes  |              |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 1,301,158.00

5c. **Total of Parts 1 and 2**

5c.

\$ 1,301,158.00

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

**2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.2**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.3**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.4**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.5**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## Fill in this information to identify the case:

Debtor name Med Bar, LLCUnited States Bankruptcy Court for the: Southern District of New York

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor                      |  | Column 2: Creditor         |   |
|---|--|----------------------------|---|
| Name                                    | Mailing address  | Name                       | Check all schedules that apply:   |
| 2.1 Ewa Sadej<br>(performance guaranty) | Ewa Sadej (performance guaranty)<br>2 Gold Street<br>16F<br>New York, NY 10038 | Fora Financial Advance LLC | <input checked="" type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.2                                     |  |                            | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G            |
| 2.3                                     |  |                            | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G            |
| 2.4                                     |  |                            | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G            |
| 2.5                                     |  |                            | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G            |
| 2.6                                     |  |                            | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G            |



**Fill in this information to identify the case and this filing:**

Debtor Name Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): \_\_\_\_\_

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/14/2022  
MM / DD / YYYY

 /s/ Ewa Sadej

Signature of individual signing on behalf of debtor

Ewa Sadej

Printed name

CEO

Position or relationship to debtor

Abdelkhalek, Ahmed  
10285 Sleepy Brook Way  
Boca Raton, FL 33428

Dykema Gossett PLLC  
400 Renaissance Center  
Detroit, MI 48243

Abuanzeh, Omar  
5 Colwell Ave #7  
Lowell, MA 01852

eLab Quick LLC  
DBA Quick Health Labs  
6926 N University Street Suite F  
Peoria, IL 61614

Alzyod, Yousef  
35 Imrie St  
Randolph, MA 02368

Extra Space Storage  
2027 83d Street  
North Bergen, NJ 07047

Atlas Staffing Services LLC  
355 Garfield Rd  
Concord, MA 01742

Fora Financial Advance LLC  
519 Eighth Avenue, 11th Floor  
New York, NY 10018

Aveanna Healthcare  
c/o Freeman Mathis & Gary, LLP  
100 Galleria Parkway, Suite 1600  
Atlanta, GA 30339

Goodhire  
303 Twin Dolphin Dr  
Suite 600  
Redwood City, CA 94065

AYTU Bioscience Inc.  
373 Inverness Parkway  
Suite 206  
Aurora, CO 80012

Green Point RX Inc.  
c/o Archer & Greiner PC  
1211 Avenue of the Americas Ste 2750  
New York, NY 10036

Bay Rock Self Storage  
985 Montague Expressway  
Milpitas, CA 95035

Hireku Inc. dba JazzHR  
1501 Reedsdale Street  
Suite 403  
Pittsburgh, PA 15233

Colorado VNA LLC  
8289 East Lowry Blvd  
Denver, CO 80230

Hubspot Inc.  
c/o McCarthy Burgess & Wolff  
26000 Cannon Road  
Bedford, OH 44146

Conta Mundum LLC  
2361 Pleasant Hill Road  
Kissimmee, FL 34746

Hyatt Pharmacy  
PO Box 13337  
Milwaukee, WI 53213

Delaware Division of Revenue  
Carvel State Office Building  
820 N. French Street 8th Floor  
Wilmington, DE 19801

IDS Autoshred  
1358 Hooper Ave #600  
Toms River, NJ 08753

Downtown Pharmacy Inc.  
165 William Street  
New York, NY 10038

Informal  
4 St Francis Place  
Apt 1  
Brooklyn, NY 11216

Dr Chrono  
328 Gibraltar Dr  
Sunnyvale, CA 94089

Internal Revenue Service  
Dept of Treasury PO Box 7346  
Bryn Mawr, PA 19010

Now Staffing, Inc.  
742 Washington St.  
Ofc B  
Braintree, MA 02184

IStorage  
145 North Beacon Street  
Brighton, MA 02135

NYS Department of Taxation and Finance  
Bankruptcy Section PO Box 5300  
Albany, NY 12205

JotForm Inc.  
4 Embarcadero Center  
Suite 780  
San Francisco, CA 94111

Omar, Atef  
81 Rockaway Ave #24  
Weymouth, MA 02188

Judge Technical Staffing  
PO Box 820120  
Philadelphia, PA 19182

Phosphorus Inc.  
PO Box 4668  
PMB29926  
New York, NY 10163

Lefebvre, Todd  
4 Hillside Ave  
Milford, MA 01757

Redwhale  
617 Bunker Lane  
Mason, OH 45040

Lefebvre, Margaret  
4 Hillside Ave  
Milford, MA 01757

Sadej, Aleksandra  
15 Bridge Park Drive  
14G  
Brooklyn, NY 11201

Lefebvre, Ireland  
4 Hillside Ave  
Milford, MA 01757

Sadej, Ewa  
2 Gold Street  
16F  
New York, NY 10038

Michael Perry MD, PA  
17115 Journeys End Drive  
Odessa, FL 33556

Schein, Henry  
135 Duryea Road  
Melville, NY 11747

Microsoft Corp.  
One Microsoft Way  
Redmond, WA

Sharps Compliance  
PO Box 679502  
Dallas, TX 75267-9502

Nerfherder Distribution, LLC  
3809 S 2d Street  
Suite B300  
Austin, TX 78704

Stamps.com  
1990 East Grand Avenue  
El Segundo, CA 90245

New York City Dept of Finance  
1 Center Street  
New York, NY 10007

Talis Biomedical  
230 Constitution Dr.  
Menlo Park, CA 94025

New York State Dept of Taxation and Finance  
PO Box 15172  
Albany, NY 12212

The Bayne Law Group LLC  
116 Village Boulevard  
Suite 235  
Chester, NH 03036

United Glass Services  
13699 SC Hwy 34  
Newberry, SC 29108

Verizon  
One Verizon Way  
Mail Code 180WVB  
Basking Ridge, NJ 07920

Victoria Health Care  
84 Pleasant Street  
Unit 275  
Weymouth, MA 02190

Wren Laboratories  
688 East Main Street  
Branford, CT 06405

Yair, Ronen  
20 Beech Terrace  
Millburn, NJ 07041

Zendesk Inc.  
989 Market St.  
San Francisco, CA 94103

ZixCorp Systems, Inc.  
Dept 41359  
PO Box 650823  
Dallas, TX 75265

United States Bankruptcy Court  
Southern District of New York

In re: Med Bar, LLC

Case No.

Chapter 11

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 12/14/2022

/s/ Ewa Sadej

Signature of Individual signing on behalf of debtor

CEO

Position or relationship to debtor

MANDELBAUM BARRETT PC  
3 Becker Farm Road, Suite 105  
Roseland, New Jersey 07068  
Ph.: 973-736-4600  
Fax: 973-736-4670  
Vincent J. Roldan  
vroidan@mblawfirm.com

*Proposed Attorneys for Debtor*

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

In Re:

Chapter 11

MED BAR, LLC

Case No.: \_\_\_\_\_

Debtor.

-----X

**STATEMENT REGARDING AUTHORITY TO FILE PETITION**

The undersigned, being the sole member and manager of Med Bar, LLC, a Delaware limited liability company (the "Company"), does hereby consent to the actions described below, and such actions shall constitute actions duly adopted, taken and authorized by the sole member and manager of the Company as of December 14, 2022.

WHEREAS it is in the best interest of the Company to file a voluntary petition in the United States Bankruptcy Court pursuant to chapter 11 of title 11 of the United States Code.

Now therefore be it resolved, that the Company to file a voluntary petition in the United States Bankruptcy Court pursuant to chapter 11 of title 11 of the United States Code;

Be it further resolved, that Ewa Sadej, Chief Executive Officer of this Company, is authorized and directed to execute and deliver all documents necessary to file a chapter 11 voluntary bankruptcy case on behalf of the Company;

Be it further resolved, that Ewa Sadej, Chief Executive Officer of this Company, is authorized to appear in all bankruptcy proceedings on behalf of the Company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Company in connection with such bankruptcy case;

Be it further resolved, that Ewa Sadej, Chief Executive Officer of this Company, is authorized and directed to employ Mandelbaum Barrett PC as attorneys to represent the Company in such bankruptcy case;

Be it further resolved, that the Ewa Sadej, Chief Executive Officer of this Company be, and she hereby is, authorized, directed and empowered, in the name and on behalf of the Company, to execute, acknowledge, seal and/or deliver all such other documents, instruments, agreements and certificates, to pay all such fees and to take all such other actions, as she may determine to be necessary or desirable to effect the purposes of the foregoing resolutions and/or the transactions and actions contemplated thereby, the execution, acknowledgment, seal and/or delivery of such documents, instruments, agreements and certificates, the payment of such fees and the taking of such other actions to be conclusive evidence of such determination; and

Be it further resolved, that any and all other actions heretofore taken by Ewa Sadej, Chief Executive Officer of this Company, or by any other officer or any director or authorized agent of the Company, to execute and deliver any of the agreements or documents authorized by the foregoing resolutions, or to take any of the actions authorized by the foregoing resolutions, are hereby approved, ratified and confirmed in all respects.

In witness whereof, the undersigned has executed this unanimous consent as of December 14, 2022

Dated: December 14, 2022  
New York, New York

Med Bar, LLC

DocuSigned by:  
By: Ewa Sadej  
Ewa Sadej, Managing Member